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# All District Health Boards

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20 October 2021

Dear PHO Chief Executive Officers

## COVID-19 Assessment Framework in General Practice

On 3 September 2021 I advised all PHO CEOs of amendments to funded [COVID-19 assessment](#) consultations. This included incorporating the Ministry of Health's Higher Index of Suspicion (HIS) criteria. I also advised that DHBs would work with the sector to review this Framework at the first suitable time. This clinically (General Practitioner) led review began once the majority of the country returned to Alert Level 2.

The review has been completed and has extended the Framework into three streams:

1. COVID-19 assessment and testing
2. COVID-19 case primary care management (For immediate implementation Auckland DHBs only)
3. COVID-19 vaccine adverse event.

The Ministry of Health is developing advice on management of COVID-19 in the community and COVID-19 vaccine adverse events. DHBs will review this Framework again to incorporate the Ministry's advice when this becomes available. You're probably aware that managed isolation capacity in Auckland means that there is a need to have a revised framework in place as soon as possible. Therefore, the COVID-19 Case Primary Care Management portion of the attached framework will apply only as a pilot to the Waitemata, Auckland and Counties Manukau DHB districts until the national work is completed. All other DHBs will find this information useful for planning purposes.

As previously advised, Ministry of Health has clarified that in relation to the HIS an "emerging outbreak" includes any area that has locations of interest within it. Therefore, all symptomatic people in an area that has an active location of interest are to be regarded as HIS.

Large-scale drive through CBAC/CBT models continue to be excluded from the scope of this Framework. DHBs will continue to commission these services separately.

The revised Framework is attached as Appendix 1 and the clinical algorithm is attached as Appendix 2.

If you have any questions, please contact your local DHB portfolio manager.

Yours sincerely



Dr Nick Chamberlain

**Chief Executive, Northland District Health Board**

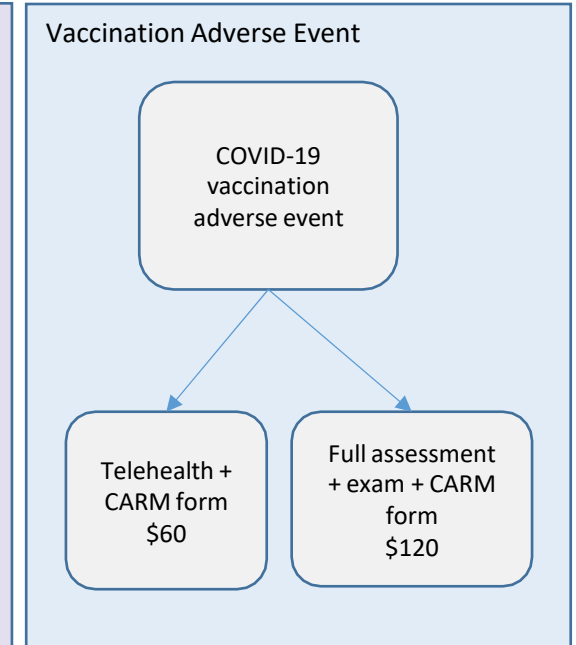
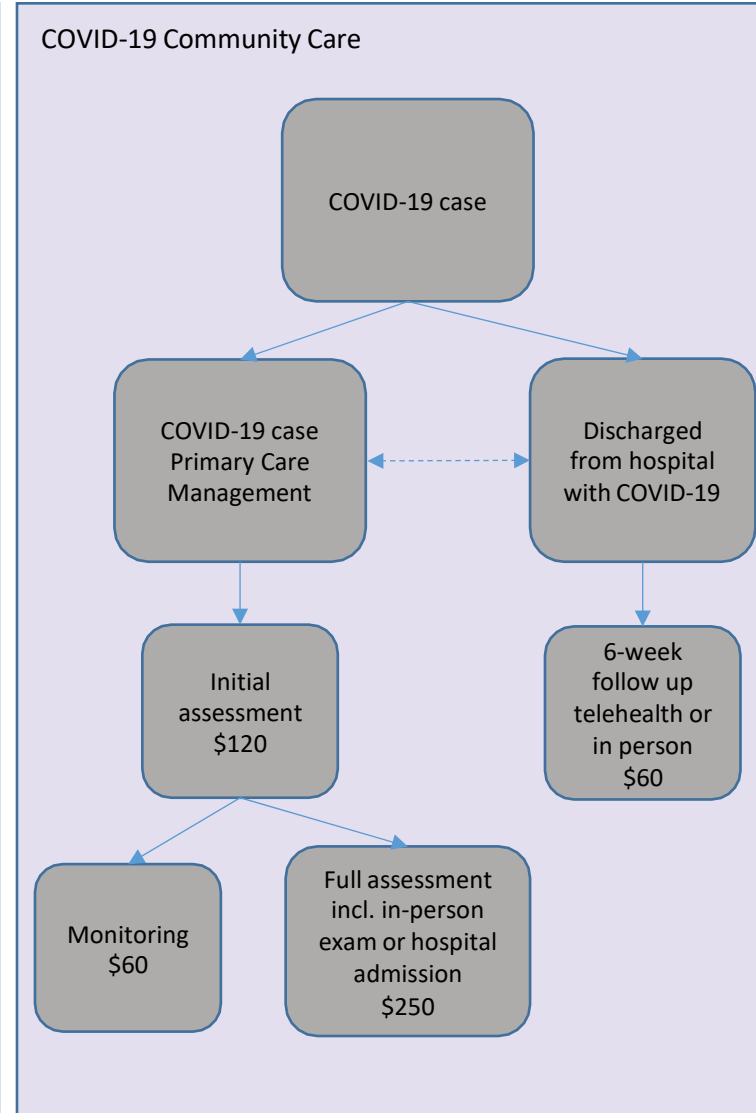
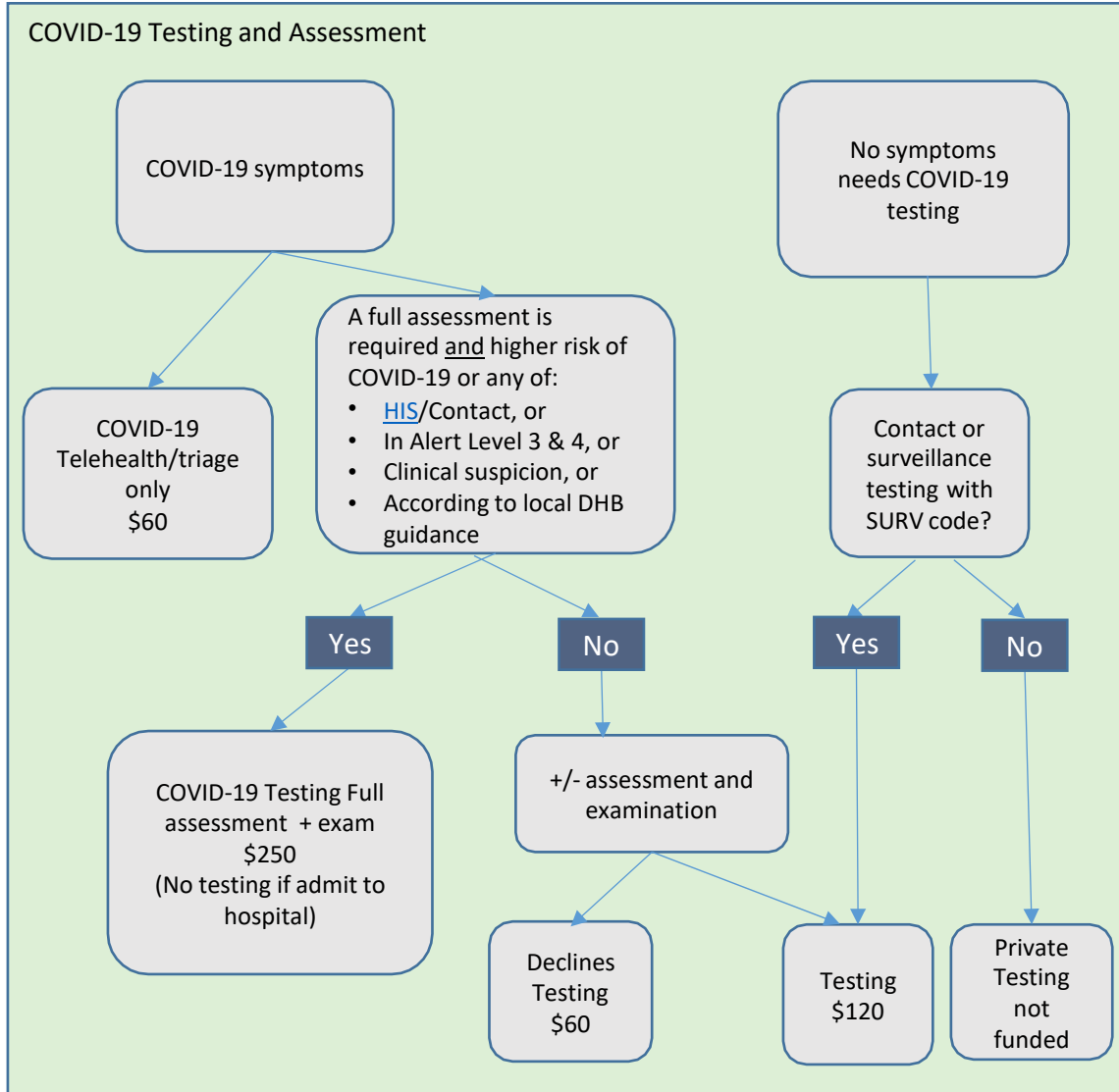
**Lead District Health Board Chief Executive for Primary Care and Public Health**

cc: Liz Stockley, CEO, GPNZ  
GMs Planning and Funding and Primary Care Portfolio Managers, All DHBs

## Appendix 1: Primary Care Based COVID-19 Activity Framework

	COVID-19 Assessment and Testing (National)				
<b>Indication</b>	<b>COVID-19 activity</b>	<p>Either:</p> <ul style="list-style-type: none"> <li>COVID-19 symptoms +/- a limited examination, or</li> <li>Asymptomatic contact or surveillance testing</li> </ul>	<p>A full assessment is required and patient is at higher risk of COVID-19 i.e.:</p> <ul style="list-style-type: none"> <li>HIS/Contact, or</li> <li>In Alert Level 3 &amp; 4, or</li> <li>Clinical suspicion, or</li> <li>According to local DHB guidance</li> </ul>	<b>COVID-19 Case Primary Care Management (Auckland Only)</b>	<b>COVID-19 Vaccine Adverse Event (National)</b>
<b>Consult type</b>	Triage/telehealth consultation.	Needs be seen in-person for symptoms of COVID-19 and swabbing.		Telehealth unless in-person assessment is clinically indicated.	Telehealth or in-person assessment if this is clinically indicated.
<b>Provider of clinical care</b>	Assessment by nurse, nurse practitioner or general practitioner.	Seen in person by nurse, nurse practitioner or general practitioner.	Seen in person by general practitioner or nurse practitioner.	Initial assessment and 6-week follow-up: general practitioner or nurse practitioner, Monitoring: general practitioner, nurse practitioner or nurse. In-person full assessment or hospital admission: by general practitioner or nurse practitioner.	Assessment by nurse, nurse practitioner or general practitioner. Full patient assessment by general practitioner or nurse practitioner.
<b>Examination</b>	Documented risk assessment and consultation.	Documented limited examination and observations with swab (if applicable).	Documented full patient assessment, including a history, consideration of pre-existing medical conditions, clinically appropriate examination and management plan and a swab.  A swab is not required if the patient is admitted to hospital.	Initial assessment: Full patient assessment, including a history, consideration of pre-existing medical conditions and management plan. Monitoring: Documented review of symptoms and care plan and escalation of care if required. Full assessment that requires some in-person assessment, or a consult resulting in hospital admission.	Either: Documented limited history and examination +/- observations and completion of CARM form. Or: Documented full patient assessment, including a history, consideration of pre-existing medical conditions, clinically appropriate examination and management plan and completion of CARM form. Or: If COVID-19 symptoms to manage as possible COVID in COVID-19 Assessment and Testing and complete CARM form.
<b>Follow up care</b>		Provide written Testing Advice if tested, test result provided to person and follow up if a recollect is required.		If admitted to hospital provide a 6-week post COVID-19 follow-up consult	-
<b>Fee Claim</b>	\$60	\$120 COVID-19 symptoms and but no swab \$60	\$250	Initial consult \$120 Monitoring \$60 In-person full assessment or hospital admission \$250 6-week follow-up \$60	Virtual or in person limited assessment \$60 In-person full assessment \$120 If COVID-19 symptoms to claim as per COVID-19 Assessment and Testing.
<b>Condition of claiming fee</b>	<p>No fee to patient (including no charge for prescription) and no claim for Clawback. Limited to one claim per day per person, per practice. No simultaneous claiming against any other funding stream. Large-scale drive through CBAC/CTC models are excluded from the scope of this Framework. The DHB will commission these separately.</p> <p><a href="#">Higher Index of Suspicion (HIS)</a></p> <p>For Primary Care COVID-19 case management - requires that the Public Health Unit have specifically requested Primary Care management.</p> <p>For COVID-19 vaccine adverse events, claims must be for events within 2 weeks of vaccination.</p>				

## Appendix 2: Primary Care Based COVID-19 Activity Algorithm



- Conditions of claiming fee**
- No fee to patient (including no charge for prescription).
  - No claim for Clawback.
  - Limited to one claim per day per person, per practice.
  - No simultaneous claiming against any other funding stream for the same activity
  - Large-scale drive through CBAC/CTC, and isolation and quarantine facilities are excluded from the scope of this framework.
  - Primary Care COVID-19 Community care requires that the Public Health Unit have specifically requested Primary Care management.